

C1 8617 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A516057

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED (MM) 24 2007 15 20

Depth of Well 22 260 26 (TO NEAREST FOOT) 8/11/07 OK (KW)

PERMIT NO. FROM "PERMIT TO DRILL WELL" No - 95-0671 28 29 30 31 32 33 34 35 36 37

OWNER Bentley Street or RFD 1st name Bristolwreath first name TOWN Woodbine SUBDIVISION Belle Haven Est. SECTION LOT 18

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Soil, Brown Shale, Gray Rock, and water at 195'.

GROUTING RECORD Form with fields for YES/NO, CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD Form with fields for STEEL (ST), CONCRETE (CO), PLASTIC (PL), OTHER (OT), MAIN CASING TYPE (PL), Nominal diameter, Total depth.

OTHER CASING (if used) Form with fields for diameter, depth.

SCREEN RECORD Form with fields for STEEL (ST), BRASS (BR), OPEN HOLE (HO), PLASTIC (PL), OTHER (OT), screen type or open hole.

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A, E, P (A WELL WAS ABANDONED AND SEALED, ELECTRIC LOG OBTAINED, TEST WELL CONVERTED TO PRODUCTION WELL)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. M D 162

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D 766

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

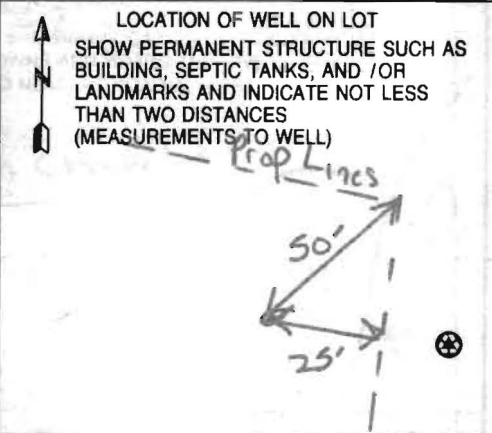
DEPTH (nearest ft.) Table with columns 1-3 and rows A-C, S-R, E-N. Values include 33, 260.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST Form with fields for HOURS PUMPED (3), PUMPING RATE (15.00), METHOD USED TO MEASURE PUMPING RATE (Submersible), WATER LEVEL (31 ft), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED Form with fields for DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (41), CASING HEIGHT (+ above, - below).



8/21/06

B 1 9167  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

526193 please type

HO-95-0671  
fill in this form completely 79

Date Received (APA)

11/19/07  
8 MM DD YY 13

OWNER INFORMATION

Grayson Homes  
15 Last Name Owner First Name 34

9025 Chevrolet Drive  
36 Street or RFD 55

Ellicott City MD 21043  
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard  
8 COUNTY 21

Belle Haven  
23 SUBDIVISION 42

SECTION 44 46 LOT 18 48 50

Woodbine  
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 MI  
73 76 77 78

DRILLER INFORMATION

Michael M. Isom Ms D 162  
Driller's Name 76 License No. 81

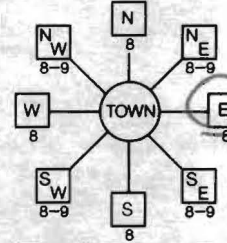
G. Edgar Harr Sons Corp.  
Firm Name

12047 Falls Road, Cockeysville 21030  
Address

Signature 12/26/06 Date

B 4

1 2  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Union Chapel Road  
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

400 37  
200 38 39  
ENTER FT OR MI

TAX MAP: 14 BLK: 20 PARCEL 66

B 2 WELL INFORMATION  
1 2 APPROX. PUMPING RATE 5  
(GAL. PER MIN.) 8 12  
AVERAGE DAILY QUANTITY NEEDED 750  
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, DEWATERING
- PUBLIC WATER SUPPLY WELL
- TEST, OBSERVATION, MONITORING
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A 516057  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S 41  
DATE ISSUED 2/23/07  
43 MM DD YY 48 CO SIGNATURE Hei Nalf 2/23/08 EXP. DATE  
NORTH GRID 529 000 EAST GRID 0786 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN  
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
37 CABLE REVerse-ROTary DRive-POINT  
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
  - THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
  - THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
  - THIS WELL WILL DEEPEAN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER HO 2007-G002  
PERMIT No. HO-95-0671  
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

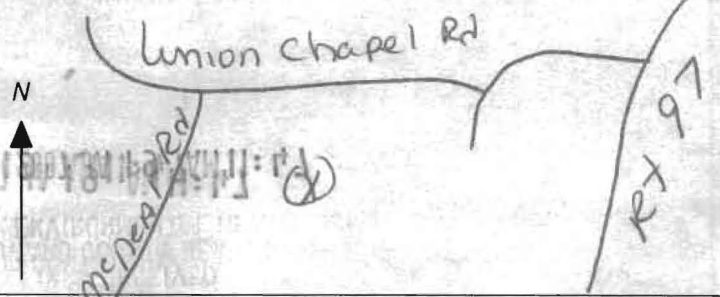
SOURCES OF DRILLING WATER

- 1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7806  
N 53029  
000  
000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

signed 8/21/06

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Northern Virginia Drilling Telephone #: 703-361-6859  
Address: 11356 Industrial Rd.  
Manassas VA 20109

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Shawn Miller License# MSP216

\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: K. Hamanion Homes Telephone #: 240-882-7662  
Subdivision: Belle Haven Lot #: 18 Well Tag #: HO-95-0671  
Site Address: 2823 Bridalwreath Ct.  
Woodbine, MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Flint and Walling</u>	Make: <u>Bostort</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model#: <u>P100SS</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity _____ GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>200</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: Polyethylene

PSI: 200 (160 psi min)

Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration:

Length of sleeve (5' minimum from foundation): 10'

Sleeve sealed properly:

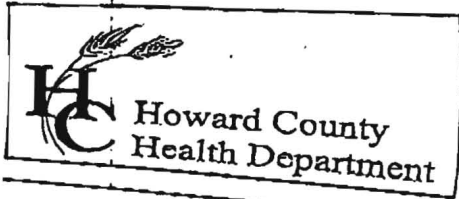
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Shawn Miller date: 7-29-13

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 7/31/2013 Inspector: BB

- Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
- Two piece cap installed and attached to casing securely
- Elec. conduit extends at least 18" below grade/attached to cap properly
- Safety rope not outside of well cap/casing
- Correct well tag attached properly and casing 8" above finished grade
- Water supply line sleeved adequately at house connection
- Adequate grout observed below pitless adapter



7178 Columbia Gateway Drive, Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2640  
TDD (410) 313-2323 Toll Free 1-866-313-2640  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

**TO ALL INTERESTED PARTIES**

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:	lots	
Belle Haven Estates	1-46	Union Chapel Road
<b>Subdivision/Property Name</b>	<b>Lot#</b>	<b>Road Name</b>

The well site has been staked by DMW, Inc 410-296-3333  
(professional land surveyor or company employing professional land surveyors)  
on 12/29/06 (date) and does not require a site inspection.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

BRIDAL  
WREATH

2/21/07  
KW  
well site OK  
stated by  
DMW

BELLE HAVEN ESTATES

LOT 18

**DMW**

Daft·McCune·Walker, Inc.

200 East Pennsylvania Avenue  
Towson, Maryland 21286  
(410) 296-3333  
Fax 296-4705

A Team of Land Planners,  
Landscape Architects,  
Engineers, Surveyors &  
Environmental Professionals

Job No. 01067

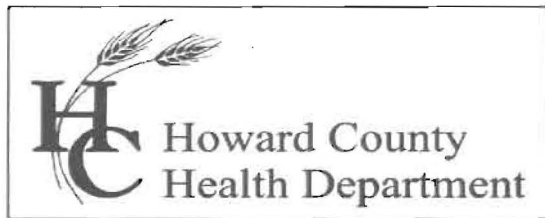
Scale: 1"=50'

Date: 12/26/06

Drawn By: MDT

N:\01067\01067F\Lot Wells\FINAL\Lot18.dgn

Tue Feb 13 10:37:19 2007



## Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

**Maura J. Rossman, M.D., Health Officer**

---

### **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – March 27, 2014**

September 27, 2013

Homeowner  
2823 Bridalwreath Court  
Woodbine, MD 21797

**RE: Belle Haven Estates, Lot 18  
2823 Bridalwreath Court  
Building Permit: B13000710  
Well Permit: HO-95-0671**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **7/26/2013**. Final approval of the well line connection to the dwelling was granted on **7/31/2013**. The well construction was completed on **4/24/2007**. Water samples were collected on **9/25/2013**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-0671. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**  
 1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #:	91234	Account #:	3192
Reference:	Northern Virginia Drilling	Company:	Northern Virginia Drilling
Location:	2823 Bridalwreath Court Woodbine, MD 21797	Requested By:	Dick Trelease
Date/ Time Collected:	9/25/2013 1445	Source:	Well Water
Date/Time Rec'd:	9/25/2013 1545	Site:	Basement Bathroom
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	C. Mooshian 7268CM	pH:	5.5
		Well #:	HO-95-0671

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	9/26/2013 / 1030 / CCH
Bacteria, E. coli, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	9/26/2013 / 1030 / CCH
Nitrate	✓ 6.26	mg/L	10	601	9/25/2013 / 1700 / CWM
Turbidity	✓ 1.12	NTU	<10	SM18 2130B	9/25/2013 / 1745 / CRS
Sand	✓ NS	mg/L	5	Visual/Gravimetric	9/25/2013 / 1745 / CRS

*Results OK  
9/27/13 HB*

### NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
  - 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
  - 3 NS = None Seen (NS indicates less than 5 mg/L)
  - 4 NTU = Nephelometric Turbidity Units
  - 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
  - 6 ND:None Detected
  - 7 Visual well check: Sealed, vented cap
  - 8 pH & Chlorine level tested on site
- Reason for Test : Use & Occupancy  
 Building Permit # : B13000710

Date Reported: 9/27/2013